

HEALTH AND HUMAN SERVICES DEPARTMENT Dori Zaleznik, MD, Commissioner 1294 Centre Street Newton, MA 02459-1544

Public Health
Prevent, Promote, Protect,

Telephone 617.796.1420 Fax 617.552.7063 TDD/TTY 617-796-1089

<u>APPLICATION FOR A PERMIT TO OPERATE AN INDOOR CHILDRENS' POOL</u> _~ FEE REQUIRED ~

Application is hereby made for a permit to operate a public, semi-public or wading pool. This pool is to be operated according to 105 CMR 435.000 MINIMUM STANDARDS FOR SWIMMING POOLS CHAPTER V OF THE STATE SANITARY CODE.

OWNER:	TELEPHONE #:	
LOCATION:		
TYPE OF POOL: STREET LENGT	H: WIDTH:	CITY VOLUME:
NON SWIMMING AREA:		(5' OR LESS IN DEPTH)
CERTIFIED POOL OPERATOR:	TELEPHONE #	
SOURCE OF WATER:		
IF PRIVATE WELL, PLEASE SUBMIT REQUIRED TEST RESULTS:		
DISPOSAL OF SEWAGE AND WASTE WATER:		
TREATMENT SYSTEM: (i.e., diatomaceous earth, cartridge filter, etc.,)		
DISINFECTION METHOD: type, capacity, etc. (i.e., chlorinator, brominator, etc.,)		
NO. LIFEGUARDS PER SHIFT: SUBMIT UPDATED LIFEGUARDS CREDENTIALS:		
VARIANCE LETTERS SUBMITTED: YES NO NO		
REMARKS:		
PURSUANT TO M.G.L. CH. 62C, SEC. 49A. I C MY BEST KNOWLEDGE AND BELIEF, HAVE FIL REQUIRED UNDER LAW.	ERTIFY UNDER THE PEN ED ALL STATE TAX RETU	IALTIES OF PERJURY THAT I, TO JRNS AND PAID ALL STATE TAXES
SOCIAL SECURITY # OR OWNER FEDERAL ID #	SIGNAT	TURE OF INDIVIDUAL OR CORPORATE NAME
DATE:		

PLEASE SUBMIT APPLICATION AND FEE <u>PER POOL</u> OF \$300.00 TO THE NEWTON HEALTH AND HUMAN SERVICES DEPARTMENT